



THE CENTER FOR
START
SERVICES

JOAN B. BEASLEY, Ph.D., DIRECTOR
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START

Systemic, Therapeutic Assessment, Respite and
Treatment

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(With help from Buckminster Fuller and Albert
Einstein)



IDD/MH

- World health estimates that 1% of the population has IDD
- Recent review of Medicaid claims data support prior estimates of 20% of the population of individuals identified with IDD have an MH diagnosis
- Our data shows that many live with their families at least 40% of those who use START services
- Many of these individuals are dual eligible, Medicaid and Medicare. More than typical IDD (18%), we are 30% (more disabled subgroup)



Problems with Most ID/DD Systems:

- “Troublesome” behaviors considered unacceptable in many support and service venues
- The last and least served (i.e. latest trends in congregate or institutional living)



Problems with the MH System

- Stigma
- Much more likely to use emergency services
- Lack of training (diagnostic overshadowing)
- Lack of expertise
- Medication issues



“The world as we created it is a process of our thinking. It cannot be changed without changing our thinking.”

~ Einstein



The recent Olmstead decision from Georgia

As it is being currently interpreted by DOJ, under the ADA Title II, the Olmstead "integration imperative" requires states to remove unnecessary segregation and provide community-based services for persons with disabilities who are otherwise entitled to institutional services.

2010



Systems Change in VA

1. Improve competence of the system as a whole
2. Improve services to the DD population
3. Improve support to families
4. Improved mental health services
5. Crisis prevention and response
6. Cross systems collaboration
7. Reduction in reliance on state operated facilities



MH/ID Community Service System

- Service planning/coordination
- Cross systems/interdisciplinary training
- Outpatient mental health: counseling/psychiatry
- Health care and dentistry
- Crisis Prevention and Crisis Intervention Planning
- Residential/housing/day/vocational: habilitation
- Respite
- Inpatient hospitalization
- Hospital diversion/mobile crisis support
- Psychology/behavioral support planning
- Family support/education/outreach



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Crisis Prevention and Intervention Through a System of Care Approach

"A Crisis is a problem without the tools to
address it."



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Coordination of Services Helps to Insure Effectiveness



“The measure of intelligence is the ability to change.”

~ Einstein



The Need for Effective Services:

The 3 A's

- Access
- Appropriateness
- Accountability



Access

- Timeliness
- Array of services
- Availability
- Geographic proximity
- Resources alone should not define service use...



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"Unfortunately, you have what we call 'no insurance.'"



Appropriateness

- Roles are clear
- Providers have expertise
- Defining the problem
- Service matches needs...



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Accountability

- There is consensus with regard to roles and responsibilities on the part of providers
- Services are cost effective
- Recipient is satisfied with services
- Services meet objectively established goals
- Services change with the changing needs of the service user
- Listening and mutual respect in the system is required...



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*"I don't listen to the
evidence. I like to make up my own mind."*



Self-Evaluation is Part of Accountability but This is Not Easy

“Have the courage to be naïve.”

~ Buckminster Fuller



The "START" Model: Systems Linkage Approach

- KEY: Enrich the system (avoid strain)
- Resources allocated to promote linkages (i.e. the use of a linkage "team")
- Resources allocated to fill in service gaps
- Services provided across systems
- Outreach is key
- Develop a common language



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The Benefits of Linkages

Bucky demo

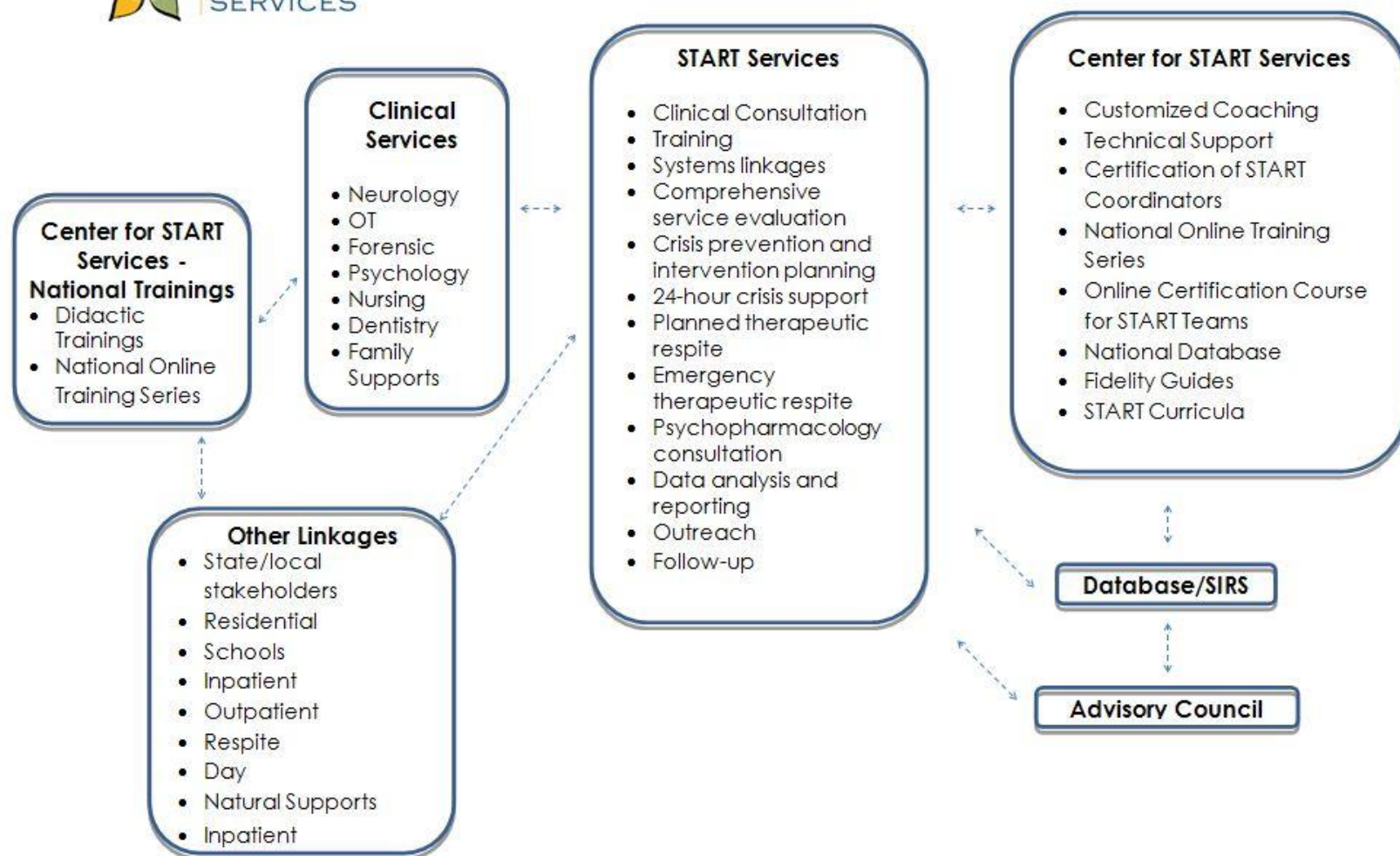


Essential Components

- Linkages
- Expertise (in some places this needs to be developed)
- Family support and education
- Planned and emergency respite services
- Cross systems crisis prevention and intervention planning
- Employs evidence-informed practices and outcome measures (advisory council, clinical team, data analysis)



START LINKAGES OVERVIEW





Strategic Planning and START

- Written interagency linkage agreements specifying roles and responsibilities of various agencies and providers
- Clinical education teams
- Standardized protocols for comprehensive crisis prevention and intervention assessments and plans that link MH and ID providers and treaters
- Comprehensive evaluation of service needs
- The ability for provide outreach and hands on assistance to caregivers and families to improve collaboration and service outcomes



"Time after time, I have found that when people are taken seriously, when they are respected, when their behavior is interpreted, understood and responded to accurately, when they are engaged in mutual dialogue rather than subjected to unilateral schemes of 'behavior management,' somehow as if miraculously, they become more ordinary. I know a number of people who have had severe reputations who have shed them when those supporting them listened more carefully."

Herb Lovett, Ph.D.



Short-Term Therapeutic Respite Services

- Respite is key!!!
- Diagnosis and treatment formulation
- Symptom monitoring
- Emergency support
- Hospital diversion
- Community transition from hospital
- Family support and education



Core START Elements

- Trained Linkage Coordinators
- Linkages (local, statewide, national)
- Consultation, service evaluations
- Training, forums for collaboration
- Crisis support 24 hours/7 days a week
- Planned therapeutic respite (In home and program-based)
- Emergency therapeutic respite (mostly program-based)
- Expertise as members of core team
- Data-driven, evidence-informed practices



“If I had an hour to solve a problem I would spend 55 minutes thinking about the problem and 5 minutes thinking about the solution.”

~ Einstein



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Central Principle

Assessment and education are key



“Any fool can know. The point is to understand.”

~ Einstein



Community-Based Crisis Response

- Must be: available and accessible, integrated into the overall system, use a multidisciplinary team approach, and be able to communicate effectively
- Crisis Evaluation, Prevention, Intervention, and Stabilization
- The referent is usually not the person "in crisis" and may be in more of a crisis than the person they are calling about!



Virginia START (2012)

- Five regional teams
- Resource development, local and statewide
- DOJ settlement
- The downsizing of state operated facilities
- The public private partnerships
- Data and evidence driven
- Greater focus on in-home supports



What We Learned from the Original START Program

- It takes time: In year three was a significant drop in emergency service use
- Expertise developed, now part of community
- Families remained intact with support
- Traditional MH providers were more willing to serve
- Assessments, flexible resources and training are key
- Cross systems crisis planning core service element
- As the system became more efficient could serve many more people for the same dollars



National START Network

- Share ideas, technology, each team has resources to assist partners when needed through the network of support available.
- Improve services/fidelity (trainings, certification)
- Comparative analysis (national database)
Cross training and problem solving (national training series)



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We have only just begun!



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“You never fail until you stop trying.”

~ Einstein